

AUG 02 2006

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**SCULLY, SCOTT, MURPHY
& PRESSER****Fax****To:** Examiner Charles H. Sam
Art Unit: 3731**From:** Thomas Spinelli, Esq.
Registration No.: 39,533**Fax:** (571) 273-8300**Pages:** 12**Phone:** (571) 272-4703**Date:** August 2, 2006**Re:** USSN: 10/084,557
Our Docket: 15226**CC:****RESPONSE TO 3-MONTH OFFICE ACTION**

The following is being filed with the U.S. Patent and Trademark Office via facsimile on August 2, 2006:

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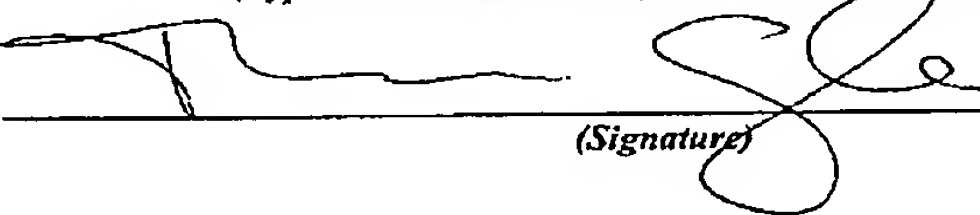
Applicant: Minoru Tsuruta
Serial No.: 10/084,557
For: MEDICAL RETRIEVAL INSTRUMENT
Filed: February 26, 2002
Docket: 15226
Dated: August 2, 2006
TS:cm

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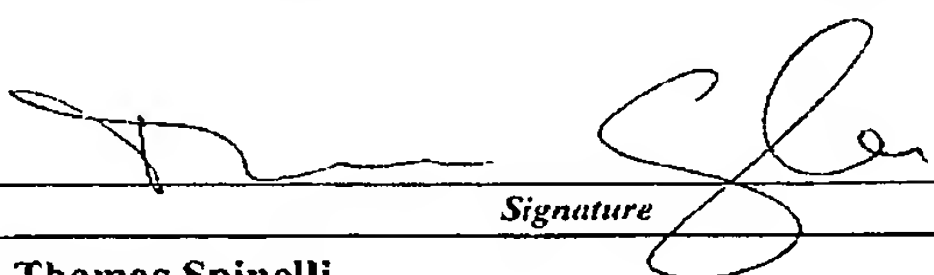
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AUG 02 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Minoru Tsuruta			Docket No. 15226
Application No. 10/084,557	Filing Date February 26, 2002	Examiner Charles H. Sam	Group Art Unit 3731
Invention: MEDICAL RETRIEVAL INSTRUMENT			
Confirmation No.: 7971			
<p>I hereby certify that this <u>RESPONSE TO 3-MONTH OFFICE ACTION</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>August 2, 2006</u> (Date)</p> <p style="text-align: right;"><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p>			
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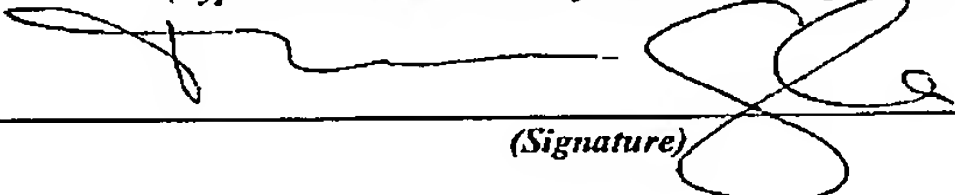
P18/REV02

AUG 02 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15226	
Applicant(s): Minoru Tsuruta						
Application No. 10/084,557	Filing Date February 26, 2002	Examiner Charles H. Sam	Customer No. 23389	Group Art Unit 3731	Confirmation No. 7971	
Invention: MEDICAL RETRIEVAL INSTRUMENT						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	6 -	26 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="padding-left: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div> <div style="padding-left: 20px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div>						
 _____ Signature			Dated: August 2, 2006			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><div style="text-align: center;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div><div style="text-align: center; margin-top: 10px;">_____ (Date)</div><div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div></div>			
CC:						

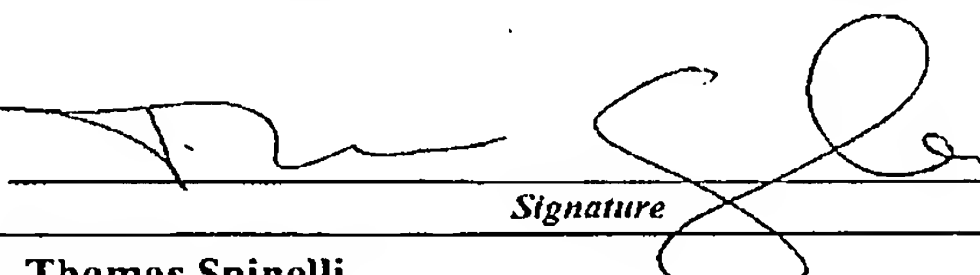
P11LARGE/REV09

AUG 02 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Minoru Tsuruta			Docket No. 15226
Application No. 10/084,557	Filing Date February 26, 2002	Examiner Charles H. Sam	Group Art Unit 3731
Invention: MEDICAL RETRIEVAL INSTRUMENT			
Confirmation No.: 7971			
<p>I hereby certify that this <u>RESPONSE TO 3-MONTH OFFICE ACTION</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>August 2, 2006</u> (Date)</p> <p style="text-align: right;"><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AUG 02 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15226	
Applicant(s): Minoru Tsuruta						
Application No. 10/084,557	Filing Date February 26, 2002	Examiner Charles H. Sam	Customer No. 23389	Group Art Unit 3731	Confirmation No. 7971	
Invention: MEDICAL RETRIEVAL INSTRUMENT						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	6 -	26 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div>						
 Signature			Dated: August 2, 2006			
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CC:						

P11LARGE/REV09

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Minoru Tsuruta	Examiner:	Charles H. Sam
Serial No:	10/084,557	Art Unit:	3731
Filed:	February 26, 2002	Docket:	15226
For:	MEDICAL RETRIEVAL INSTRUMENT	Dated:	August 2, 2006
Conf. No.:	7971		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

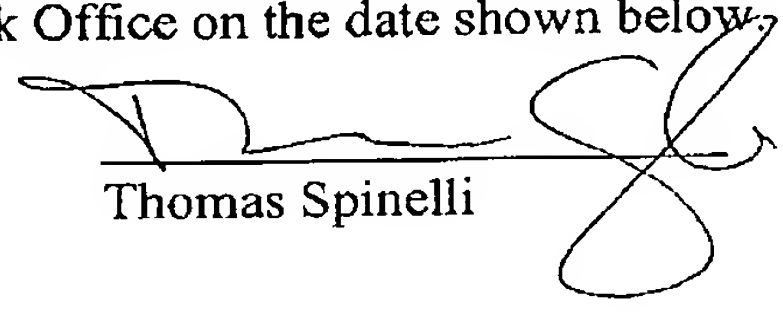
Sir:

In response to the Office Action dated May 4, 2006, the Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: August 2, 2006


Thomas Spinelli

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